As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: APPARATUS AND METHOD FOR **GAS SENSING** the specification of which [check one(s) applicable] (if applicable); [or]; and was amended by Amendment filed is attached to this Declaration, Power of Attorney and Power to Inspect; that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any ámendment referred to above; and that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)]. CLAIM UNDER 35 U.S.C. §119: I hereby claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed: Priority Claimed **Filing Date** Prior Foreign Application(s) Day-Mo-Year Yes - No Country Application No. 02 - 07 - 99 336552 New Zealand **POWER OF ATTORNEY:** As inventor, I hereby appoint the practitioners associated with Customer No. 000110-as my attorneys or Figents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Vincent T. Pace, Reg. No. 31,049 and Patrick J. Hagan, Reg. No. 27,643 POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly recredited representatives power to inspect and obtain copies of the papers on file relating to this application. SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110 DIRECT INQUIRIES TO: Vincent T. Pace Tel.: 215-563-4100 Fax: 215-563-4044 TŲ I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. SECOND JOINT INVENTOR (if any) SOLE OR FIRST JOINT INVENTOR Full Name Middle First Last Middle Last Signature Signature Date Residence Residence State or Country State or Country City Citizenship_ Citizenship_ Post Office Address: Post Office Address: Leith Street

Zip Code

State or Country

City

Zip Code

NEW ZEALAND

State or Country

<u>Dunedin</u>

City